Delbert Hosemann SECRETARY OF STATE

Political Committee REPORT OF RECEIPTS AND DISBURSEMENTS 2010 Judicial Election

Columbus,

Store

Campaign Financ Spacretery wire tat

DIMMITTER TO KEELECT CALEDONIA, MS 162-356-0601 Email IfK, ak 523@ bellso Check here if above is different from previous report TYPE OF REPORT Termination Report (Candidate will no longer accept contributions or make campaign Required to terminate reporting obligations

IMPORTANT

(1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred, in such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.

expenditures and has no outstanding campaign debt obligation)

- Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Calendar This Period itemized + Non-Itemized = Year-To-Date 3,510,00+\$ Total amount of contributions Total amount of disbursements Total amount of cash on hand 53-57ALTIM 436. I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete. Signature of Director or Treasurer

Authority: Refer to Miss. Gode Ann. §23-15-801 (1972) et. seq. for statutory requirements. Pensilles: Fallure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$60 per day and/or prosecution in accordance with Mias. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, mutil-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Rox 134, Jackbon. MS 39205 or fax to 801-359-1499 or 601-578-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clark.

C/CPR 48 55 08-04



FATO 20 2 1 Per

CANDIDATE'S/CANDIDATE'S POLITICAL COMMITTEE 48 HOUR REPORT OF REPORTABLE CONTRIBUTIONS

Check one of the following:
This is a report from a Candidate. This is a report from a Candidate's Political Committee.
Committee To REELECT JM CAMES) T. KICHENS CIRCUIT JUXSE
(Name of the Candidate or Candidate's Political Committee Receiving the Contribution)
14 DIST. CONRT CIRCUIT SUDGE POST 1
(Office sought by Candidate)
AMBASSADOR ROBERT PUSH
(Full Name of Contributor)
781 GREENBRIAR, COLUMBUS, MS 39705
(Mailing Address of Contributor)
RETIRED AMBASSADOR OF THE UNITED STATES
(Occupation of Contributor)
RETIRED
(Name of Contributor's Employer)
\$ 10/26/2010 \$ 2,000.00 (Date Contribution Received) (Dollar Amount of Contribution)
(Date Contribution Received) (Dollar Amount of Contribution)
(If In-kind, Description of In-kind Contribution)
(blen little 10.29,2010
(Signature of Candidate or Political Committee Treasurer) (Date Signed)

Miss. Code Ann. Section 23-15-807 (f) (i)(1972) requires the following: "If any contribution of more than Two Hundred Dollars (\$200.00) is received by a candidate or candidate's political committee after the tenth day, but more than forty-eight (48) hours before 12:01 a.m. of the day of the election, the candidate or political committee shall notify the appropriate office designated in Section 23-15-805, within forty-eight (48) hours of receipt of the contribution." The notification must include the information required on this form.

According to Miss. Code Ann. Section 23-15-805(1972), candidates for statewide, state district, and all tegislative offices must transmit or defiver this report to the Secretary of State's Office. Candidates for countywide or county district office must transmit or deliver the report to their county's Circuit Clerk. Candidates for municipal office must transmit or deliver the report to their Municipal Clerk.

This form may be delivered or transmitted by overnight mail, courier service, or by FAX. However, Miss. Code Ann. Section 23-15-807(f)(ii)(1972) states that the "candidate or candidate's committee shall ensure that the notification shall in fact be received in the appropriate office designated in Section 23-15-805 within forty-eight (48) hours of the contribution."

- SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to DELBERT HOSEMANN, Secretary of State, 401 Mississippt Street, Jackson, MS 39201 or FAX to 601-359-1466
 - 2. Candidates for countywide or county district offices should return form to their county Circuit Clerk.
 - 3. Candidates for municipal offices should return form to their Municipal Clerk.

C/CPR 48 SS 06-04



ENTED 2010 OFF

CANDIDATE'S/CANDIDATE'S POLITICAL COMMITTEE 48 HOUR REPORT OF REPORTABLE CONTRIBUTIONS

Check	one	of	the	foll	owin	g:
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This is a report from a Candidate.

D This is a report from a Candidate's Political Committee.

DENNIE TURNEL (Full Name of Contributor) POST OFFICE BOX 3/2, WEST POINT, pt 5 39773 (Mailing Address of Contributor) SENATOR (Occupation of Contributor)	
POST OFFICE BOX 312, WEST POINT, pr15 39173 (Mailing Address of Contributor) SENATOR (Occupation of Contributor)	DENNIE TURNEL
(Mailing Address of Contributor) SENATOR (Occupation of Contributor)	(Full Name of Contributor)
(Mailing Address of Contributor) SENATOR (Occupation of Contributor)	POST OFFICE BOX 312, WEST POINT MS 3917
(Occupation of Contributor)	
(Occupation of Contributor)	SENATOR
STATE: OF MISSISSIPPI	57ATE: OF MISSISSIPPI
(Name of Contributor's Employer)	(Name of Contributor's Employer)
10 28-2010 \$210.00	10-28-2010 \$ 2/0,00
Date Contribution Received) (Dollar Amount of Contribution)	

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- SEND TO: 1. Candidates for statewide, state district, multi-county and all legislative offices should return form to DELBERT HOSEMANN, Secretary of State, 401 Mississippi Street, Jackson, MS 39201 or FAX to 601-359-1499.
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 - 3. Candidates for municipal offices should return form to their Municipal Clerk.

C/CPR 48 88 08-04



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CANDIDATE'S/CANDIDATE'S POLITICAL COMMITTEE 48 HOUR REPORT OF REPORTABLE CONTRIBUTIONS

Check one of the following:

This is a report from a Candidate.
This is a report from a Candidate.
This is a report from a Candidate.

COMMITTEE TO LE-ELECT JIM KITCHENS CIRCUIT JUNGER
(Name of the Candidate or Candidate's Political Committee Receiving the Contribution)
16 DIST. POWET CIRCUIT SUDGE POET !
(Office sought by Candidate)
JUDGE CHARLES FASLEY
(Full Name of Contributor)
POST OFFICE BOX 1472 ATTURNE
(Malling Address of Contributor)
ATTORNEY
(Occupation of Contributor)
SELF
(Name of Contributor's Employer)
\$ 10.31.2010 \$ 800.00
(Date Contribution Received) (Dollar Amount of Contribution)
N/A
(If In-kind, Description of In-kind Contribution)
Jacon 11.12010_
(Signature of Candidate or Political Committee Treasurer) (Date Signed)

Miss. Code Ann. Section 23-15-807 (f) (i)(1972) requires the following: "If any contribution of more than Two Hundred Dollars (\$200.00) is received by a candidate or candidate's political committee after the tenth day, but more than forty-eight (48) hours before 12:01 a.m. of the day of the election, the candidate or political committee shall notify the appropriate office designated in Section 23-15-805, within forty-eight (48) hours of receipt of the contribution." The notification must include the information required on this form.

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 - 3. Candidates for municipal offices should return form to their Municipal Clerk.

No. 4549 F.

Page of	
Name of Candidate or Committee Committee To LE-ELECT Jim Reporting period CCT. 24, 2010 through 12.31.2010	
ITEMIZED RECEIPTS	

A. Source: O Corporation O PAC O Individual O Loan O Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name ANNA E. KELLCH	11/2/1/0	\$ 500 00
Moiling Address 880 Z BARTON FERRY LOAD		\$
City, State, Zip Code WEST POINT, INS 397723		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
B. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each recelpt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
C. Source: Gorporation G PAC G Individual G Loan	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Cede		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: Corporation PAC Individual Loan Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code		\$
Name of Employer (Required)		\$
Occupation (Required)	Aggregate year-to-date	\$

Reporting period 10/24/2010

No. 4549

9	Page
Name of Candidate or Committee ControlTEE	TO RE-ELECT. JIM KITCHEUS

ITEMIZED DISBURSEMENTS

_ through _ <u>/2/3//20/0</u>

THE COMMERCIAL DISPATCH	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	10. 20. 16	S
514 MAIN STREET US	9 101381 10	1315.80
COLUMBUS, M5 39703 596	1/12/10	\$ 163.50
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 1, 185.30
ADVERTISEMENT B. Full name THE STARKVILLE DAILY NEWS	Date (Mo., Day, Year)	Amount of each disbursement this period
THE STARKVILLE DAILY NEWS Melling Address 314 UNIVERSITY DRIVE 560	101281 10	\$ 774.00
City, State, Zip Code 570 RKVILLE, M5 39760: 56	1/1/2/10	\$ 180.00
Purpose of Disbursament (Optional) ADVER 715 ING	Aggregate Year-to-date	\$ 1746.00
THE DAILY TIMES LEADER	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address P. O. DRAWER 1176 56	11 . 12.10	131.25
City, State, Zip Oode WEST POINT, MS 39773		s
Purpose of Disbursement (Optional) ADVER TISING	Aggregate Year-to-date	\$ 641.25
D, Full name	Date	Amount of each
U.S. POSTAL SERVICE	(Mo., Day, Year)	disbursement this period
Malling Address	101251 10	\$ 81.00
City, State, Zip Code	10 201 10	\$ 44.00
CALEDONIA, MS 39740. CST	7 10 147170	49.==
Purpose of Disbursement (Optional) MAIL-OUT'S TO GET-OUT AND VOTE.	Aggregate Year-to-date	\$850.39
E. Full name SUPCRTALK MISSISSIPPI WKBB 100.9	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	11.1.1/1	\$ 300.00
4/3 NAOTH MEEST SIGO)	
4/3 NOETH FOREST 563 City, State, Zip Code 1/26 57 POWE M 5 39773		S
City, State, Ztp Code WEST POINT, M5 39773 Purpose of Disbursement (Optional)	19	\$
City, State, Zip Code WEST POINT, MS 39773 Purpose of Disbursement (Optional) RADIO ADVERTISE, MENT F, Full name	//	
City, State, Zip Code WEST POINT, MS 39773 Purpose of Disbursement (Optional) DADIO ADVERTISE, MENT F. Full name WTVVG RADIO STATION Mailing Address	Aggregate Year-to-date Date (Mo., Day, Year)	\$ // 3/4/00 Amount of each disbursement this period
City, State, Zip Code WEST POINT, M.5. 39773 Purpose of Disbursement (Optional) PADIO ADVERTISE, MENT F, Full name WTVVG RADIO STATION	Aggregate Year-to-date Date (Mo., Day, Year)	\$ /, 3/4.00 Amount of each disbursement this period

10.4049 F. O

Page 2 of 2

Name of Candidate or Committee CommiTTEE TO RE-ECECT JINIKITCHENS
Reporting period OCT.OBER 24, 2010 through 1/4/2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address P. O. Box 1772 To	5 11.3.10	\$ 1500.00
STARKVILLE, MS 39760		s
Purpose of Dishursament (Optional) FINAL CAMPAIGN CONSULTANT FEE	Aggregate Year-to-date	\$ 12,942.50
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
FANNIC BREWER Malling Address 1028 HWY 45 J. ALT. 573	12/1/0	\$ 250,00
CHUSTOLO, MS 39743 : 575	1 .21 . 10	\$ 260.00
Purpose of Diabursement (Optional) CATERING FOR RECEPTION	Aggregate Year-to-date	\$ 500.00
C. Full name SALLIE DAVIDSON	Date (Mo., Day, Year)	Amount of each disbursement this period
Malitny Address	11.3.10	\$ 200.00
City, State, Zlp Code	_1_1_	s
WEST PONT M5 39773 Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 300.00
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	11,2110	\$ 150.00
City, State, Zip Code COLUMBUS, NIS 39701		s
Purpose of Disbursement (Optional) CAMPAIGN WORKER	Aggregate Year-to-date	\$ 250.00
E. Full name FRENCH CAMP RADIO INC.	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address 40 MECK LIN AVE. 55	8 1013/110	s 125.00
City, State, Zip Gode	_''_	S
Purpose of Diebursement (Optional) RADIO ADVERTISEMENT	Aggregate Year-to-date	\$ 125,00
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	ii	S
Clly, State, Zip Code	_/_/_	s
Purpose of Disbursament (Optional)	Aggregate Year-to-date	s